24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayay
Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination
, and the second	10 13 2014
Mailing Address 600 Fairmount Avenue, #306	Amount
City State Zip Code	114500.00
Towson MD 21286	Transaction ID : SE.5863 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	114500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	114500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	10 15 2014